#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Robert P. Bartholomew, et al.

Art Unit: 3714

Serial No.: 10/668,560

Examiner: Leung, Jennifer

Filed: September 22, 2003

For: RANDOM BO

RANDOM BONUS PRIZE

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Mail Stop: Amendment Commissioner for Patents

P.O. Box 1450

**Alexandria, VA 22313-1450** 

### TRANSMITTAL

 Transmitted herewith is: Transmittal (3 pages) Amendment in response to Office Action Dated July 13, 2007 (22 pages)

### **STATUS**

2. Applicant claims small entity status. is other than a small entity.

# **EXTENSION OF TERM**

3.	1.136 apply.										
	(complete (a) or (b), as applicable)  (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136  (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)										
Exte	ension for	r response w	ithin:	Other than small entity Fee	Il Small entity Fee (if applicable)						
		$\boxtimes$	first month	\$ 120.00	\$ 60.00						
			second month	\$ 460.00	\$ 230.00						
third month				\$ 1,050.00	\$ 525.00						
			fourth month	\$ 1,640.00	\$ 820.00						
			fifth month	\$ 2,230.00	\$1,115.00						
				Fee Due	\$ 120.00						
If an additional extension of time is required, please consider this a petition therefor.  (Check and complete the next item, if applicable)											
An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.											
Extension fee due with this request \$ 120.00											
	(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.										

## FEE FOR CLAIMS

4.	The fee	for cla	ims (37 <b>(</b>	C.F.R. 1.16(b	)-(d)) has b	een calculated as si	hown					
	(Co	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY				
CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE	OR_	ADDITIONAL RATE FEE					
TOTAL			MINUS		=	x \$25.00 = \$		x \$50.00 = \$				
INDEP.			MINUS		=	x \$105.00 = \$		x \$210.00 = \$				
_	FIRST	FIRST PRESENTATION OF		MULTIPLE DEP. CLAIM		+ \$185.00 = \$		+ \$370.00 = \$				
L					A 1 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONA FEE \$				
	(a)	$\boxtimes$	No add	itional fee fo		required						
OR  (b)												
				FEE :	PAYMEN!	Г						
5.		Attached is a check in the sum of \$										
					o. 01-2384 the sum of <u>\$120.00.</u> al is attached.							
	FEE DEFICIENCY											
6.		If any 01-23		s required, charge l	Depos	sit Account No.						
	AND/OR											
		If any additional fee for claims is required, charge Deposit Account No. 01-2384.										
7.		Other	:		Robert B. Registration	Reeser, IN on No. 45,548						
		ARMSTRONG TEASIDALE LLP										
						opolitan Square, Su Missouri 63102-27		500				
					(314) 621		70					